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Bib Data Sheet

CONFIRMATION NO. 3046

|   |   |                               |   |                                       |
|---|---|-------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/721,462  | <b>FILING DATE</b><br>11/22/2000<br><b>RULE</b>   | <b>CLASS</b><br>381           | <b>GROUP ART UNIT</b><br>2643   | <b>ATTORNEY DOCKET NO.</b><br>ISM/015 |
| <b>APPLICANTS</b><br>Adnan Shennib, Danville, CA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/21/2001</b>  |   |                               |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>25             |
|   |   |                               | <b>INDEPENDENT CLAIMS</b><br>3  |                                       |
| <b>ADDRESS</b><br>Donald R Greene<br>Post Office Box 12995<br>Scottsdale ,AZ 85267-2995   |   |                               |   |                                       |
| <b>TITLE</b><br>Intracanal cap for canal hearing devices  |   |                               |   |                                       |
| <b>FILING FEE RECEIVED</b><br>465   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |